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M. THOMAS

JUL 2 8 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Cherry Bomb Publications, LLC (Name of Limited Liability Company)		
The enclosed Articles of Amendment and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Tiny RIVERS (Name of Person) Cherry Bomb Publications, LLC (Firm/Company) 535 Cascade Circle # 107 (Address) Casselberry FL 32707-6853 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Tiny Rivers at (407) 616-5691 (Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)		

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cherry bomb P	Ublications LLC vas it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation "LLC" or the abbrellation
Enter new principal offices address, if applicable:	535 Cascade Circle,#107
(Principal office address MUST BE A STREET ADDRESS)	Casselberry, FL 32707-6853
Enter new mailing address, if applicable:	535 Cascade Circle#107 Casselberry, FL 32707-6853
(Mailing address MAY BE A POST OFFICE BOX)	(1935elberry, FL 32701-6853
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	Tiny Rivers
New Registered Office Address: 5	7 iny Rivers 35 CAS CADE CIRCLE #107 (Enter Florida street address)
CASSE	LBERRY Florida FL 32707 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	•

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608. F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(If Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member Title . <u>Name</u> **Address Type of Action** Cherry ChristopHER Remove Remove 🗖 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00